

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91833 039 ***150.00

DOCUMENT # G96334

1. Entity Name
CONTINENTAL INSURANCE GROUP, INC.



Principal Place of Business

**25 2ND ST N
#310
SAINT PETERSBURG FL 33701
US**

Mailing Address

**P. O. BOX 15407 N/A
ST. PETERSBURG FL 33733
US**

2. Principal Place of Business

Same
Suite, Apt. #, etc.

3. Mailing Address

same
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2400008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BUCK, JAMES L.
25 2ND ST N
#310
SAINT PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name **DAVE**

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BUCK, JAMES**
STREET ADDRESS **25 2ND ST N #310**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **VPST** ☐ Delete
NAME **DIRIENZO, ANTHONY**
STREET ADDRESS **13478 ANDOVA DRIVE**
CITY-ST-ZIP **LARGO FL**

TITLE **T** ☒ Delete
NAME **WEINER, ROLAND**
STREET ADDRESS **3412 W. GROVE STREET**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03
Date

727 8948658
Daytime Phone #

CR2E034 (10/02)